



OVERSIGHT AND  
COMPLIANCE

OFFICE OF THE DEPUTY CHIEF MANAGEMENT OFFICER  
9010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-9010

NOV 16 2016

MEMORANDUM FOR COMMITTEE MANAGEMENT SECRETARIAT, GENERAL  
SERVICES ADMINISTRATION

SUBJECT: Charter Renewal and Membership Balance Plan Consultation – Defense Health  
Board

The Department of Defense, pursuant to the Federal Advisory Committee Act of 1972, as amended, intends to renew the charter for the Defense Health Board (“the Committee”) (attached). The Committee will operate under the provisions of the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix, as amended) and in accordance with 41 CFR § 102-3.50.

Prior to filing the Committee’s charter with the Library of Congress and the appropriate congressional committees the Department of Defense respectively requests that the Committee Management Secretariat review and approve the proposed charter and membership balance plan (attached). Both documents has been reviewed and approved by the Office of the General Counsel for the Department of Defense.

If you should have any questions about this charter please contact my point of contact, Len O’Reilly, at 703-692-5949.

James D. Freeman II  
Advisory Committee Management  
Officer for the Department of Defense

Attachments  
As stated

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1. Committee's Official Designation: The committee will be known as the Defense Health Board ("the Board").
2. Authority: The Secretary of Defense, in accordance with the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 C.F.R. § 102-3.50(d), established this discretionary Board.
3. Objectives and Scope of Activities: The Board provides independent advice and recommendations to maximize the safety and quality of, as well as the access to, health care for Department of Defense (DoD) health care beneficiaries, as set out in paragraph four below.
4. Description of Duties: The Board provides the Secretary of Defense and the Deputy Secretary of Defense, through the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Assistant Secretary of Defense for Health Affairs, independent advice and recommendations on matters pertaining to:
  - a. DoD healthcare policy and program management;
  - b. health research programs;
  - c. treatment and prevention of disease and injury;
  - d. promotion of health and well ness within the DoD and the delivery of efficient, effective high-quality health care services to DoD beneficiaries; and
  - e. other health-related matters of special interest to the DoD, as determined by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).
5. Agency or Official to Whom the Committee Reports: The Board reports to the Secretary and the Deputy Secretary of Defense, through the USD(P&R), who may act upon the Board's advice and recommendations.
6. Support: The DoD, through the office of the USD(P&R), provides support for the performance of the Board's functions and ensures compliance with the requirements of the FACA, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b, as amended) ("the Sunshine Act"), governing Federal statutes and regulations, and established DoD policies and procedures.
7. Estimated Annual Operating Costs and Staff Years: The estimated annual operating cost, to include travel, meetings, and contract support, is approximately \$1,380,000. The estimated annual personnel cost to the DoD is 3.75 full-time equivalents.
8. Designated Federal Officer: The Board's Designated Federal Officer (DFO), pursuant to DoD policy, shall be a full-time or permanent part-time DoD officer or employee, designated in accordance with established DoD policies and procedures.

The Board's DFO is required to attend all meetings of the Board and its subcommittee for the entire duration of each and every meeting. However, in the absence of the Board's DFO, a properly approved Alternate DFO duly designated to the Board according to DoD policies and procedures, will attend the entire duration of all meetings of the Board or its subcommittees.



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The DFO, or the Alternate DFO, shall call all of the Board and its subcommittees meetings; prepare and approve all meeting agendas; and adjourn any meeting when the DFO, or the Alternate DFO, determines adjournment to be in the public interest or required by governing regulations or DoD policies and procedures.

9. Estimated Number and Frequency of Meetings: The Board will meet at the call of the Board's DFO, in consultation with the Board's President. The estimated number of meetings is approximately four per year.
10. Duration: The need for this advisory function is on a continuing basis; however, this charter is subject to renewal every two years.
11. Termination: The Board terminates upon completion of its mission or two years from the date this charter is filed, whichever is sooner, unless renewed by DoD.
12. Membership and Designation: The Board shall be composed of no more than 19 members who are eminent authorities in one or more of the following disciplines: health care research/academia, infectious disease, occupational/environmental health, public health, health care policy, trauma medicine/systems, clinical health care, strategic decision making, bioethics or ethics, beneficiary representative, neuroscience, and behavioral health. The USD (P&R) selects and appoints the Board's President from the total membership approved by the Secretary of Defense or the Deputy Secretary of Defense.

The appointment of Board members will be authorized by the Secretary of Defense or the Deputy Secretary of Defense and administratively certified by the USD (P&R) for a term of service of one-to-four years, with annual renewals, in accordance with DOD policies and procedures. Members of the Board who are not full-time or permanent part-time Federal officers or employees will be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as special government employee (SGE) members. Board members who are full-time or permanent part-time Federal officers or employees will be appointed pursuant to 41 C.F.R. § 102-3.130(a) to serve as regular employee (RGE) members. No member, unless authorized by the Secretary of Defense or Deputy Secretary of Defense, may serve more than two consecutive terms of service on the Board, to include its subcommittees, or serve on more than two DOD federal advisory committees at one time.

Each Board member is appointed to provide advice on behalf of the government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest.

The USD(P&R), as the Board's DoD Sponsor, has the delegated authority to appoint the Board's leadership from among the membership previously appointed to the Board according to DoD policies and procedures and, in doing so, will determine the leader's term of service, which will not exceed the member's approved term of service.

All Board members will be reimbursed for travel and per diem as it pertains to official business of the Board. Board members will serve without compensation.

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13. Subcommittees: The DOD, when necessary and consistent with the Board's mission and DOD policies and procedures, may establish subcommittees, task forces, or working groups to support the Board. Establishment of subcommittees will be based upon a written determination, to include terms of reference, by the Secretary of Defense or the Deputy Secretary of Defense, or the USD(P&R) as the Board's Sponsor.

Such subcommittees shall not work independently of the Board and shall report all their recommendations and advice solely to the Board for full deliberation and discussion. Subcommittees, task forces, or working groups have no authority to make decisions and recommendations, verbally or in writing, on behalf of the Board. No subcommittee or any of its members can provide updates or reports, verbally or in writing, directly to the DoD or to any Federal officer or employee. If a majority of Board members are appointed to a particular subcommittee, then that subcommittee may be required to operate pursuant to the same notice and openness requirements of the FACA which govern the Board's operations.

Pursuant to Secretary of Defense policy, the USD(P&R), as the Board's DoD Sponsor, is authorized to administratively certify the appointment of subcommittee members if the Secretary of Defense or the Deputy Secretary of Defense has previously authorized the individual's appointment to the Board or another DoD advisory committee. If this prior authorization has not occurred, then the individual's subcommittee appointment must first be authorized by the Secretary of Defense or the Deputy Secretary of Defense and subsequently administratively certified by the USD(P&R).

Subcommittee members will be appointed for a term of service of one-to-four years, subject to annual renewals, according to DoD policies and procedures; however, no member shall serve more than two consecutive terms of service on the subcommittee. Subcommittee members, if not full-time or permanent part-time Federal officers or employees, will be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as SGE members. Subcommittee members who are full-time or permanent part-time Federal officers or employees will be appointed pursuant to 41 C.F.R. §102-3.130(a) to serve as RGE members.

The USD(P&R) has the delegated authority to appoint the leadership of any subcommittees from among the membership previously appointed to serve on the subcommittee according to DoD policies and procedures and, in doing so, will determine the leader's term of service, which will not exceed the subcommittee member's approved term of service.

Each subcommittee member is appointed to provide advice on behalf of the Government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest.

With the exception of reimbursement of travel and per diem as it pertains to official travel related to the Board or its subcommittees, Board subcommittee members shall serve without compensation.

All subcommittees operate under the provisions of the FACA, the Sunshine Act, governing Federal statutes and regulations, and established DoD policies and procedures.

Currently, DoD has approved the following permanent subcommittees to the Board:



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- a. Health Care Delivery Subcommittee: This subcommittee is composed of not more than nine members, who are eminent authorities in at least one of the following disciplines: health care research/academia, strategic decision making, health care policy and clinical health care.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to health care delivery, to include DoD health care policy and program management, as well as research.

- b. Medical Ethics Subcommittee: This subcommittee is composed of not more than five members, who are eminent authorities in at least one of the following disciplines: strategic decision making, clinical health care, and bioethics or ethics. One member must have formal bioethics or medical ethics training or expertise.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to medical ethics.

- c. Neurological/Behavioral Health Subcommittee: This subcommittee is composed of not more than 10 members, who are eminent authorities in the discipline of neuroscience and behavioral health.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to psychological/mental health issues and neurological symptoms or conditions among members of the Armed Forces and their families.

- d. Public Health Subcommittee: This subcommittee is composed of not more than 10 members, who are eminent authorities in at least one of the following disciplines: infectious disease, occupational/environmental health, and public health.

The subcommittee, when tasked according to DoD policy and procedures, provides advice on matters pertaining to improving the overall health of member of the Armed Forces and their families through the evaluation of DoD public health programs and initiatives, including education, health promotion, and prevention activities, as well as disease and injury prevention research.

- e. Trauma and Injury Subcommittee: This subcommittee is composed of not more than 10 members, who are eminent authorities in the disciplines of trauma medicine and systems.

The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to trauma and injury, to include methods for prevention, recognition, clinical management, and treatment.

14. Recordkeeping: The records of the Board and its subcommittees shall be managed in accordance with General Records Schedule 6.2, Federal Advisory Committee Records, or other approved agency records disposition schedule, and the appropriate DoD policies and procedures. These records shall be available for public inspection and copying, subject to the Freedom of Information Act of 1966 (5 U.S.C. § 552, as amended).

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15. Filing Date:

Membership Balance Plan  
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Agency: Department of Defense (DoD)

1. Authority: The Secretary of Defense, in accordance with the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 C.F.R. § 102-3.50(d), established the Defense Health Board ("the Board"), a discretionary advisory committee.
2. Mission/Function: The Board, through the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Assistant Secretary of Defense for Health Affairs (ASD(HA)), provides the Secretary of Defense and the Deputy Secretary of Defense independent advice and recommendations to maximize the safety and quality of, as well as the access to, health care for DoD health care beneficiaries, including matters pertaining to:
  - a. DoD healthcare policy and program management;
  - b. health research programs;
  - c. treatment and prevention of disease and injury;
  - d. promotion of health and wellness within the DoD and the delivery of efficient, effective high-quality healthcare services to DoD beneficiaries; and
  - e. other health-related matters of special interest to the DoD, as determined by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).
3. Points of View: The Board is composed of no more than 19 members who are eminent authorities in one or more of the following disciplines: health care research/academia, infectious disease, occupational/environmental health, public health, health care policy, trauma medicine/systems, clinical health care, strategic decision making, bioethics or ethics, beneficiary representative, neuroscience, and behavioral health.

The DoD, in selecting potential candidates for the Board, reviews the experience and professional credentials of individuals and bases its selection on this review and the subject matters expected to be handled by the Board. The Department has found that viewing the complex issues facing the DoD through a multidisciplinary advisory committee provides the Department and, more importantly, the American public with a broader understanding of the issues which inform subsequent policy decisions.

Each Board member, based upon his or her individual and professional experiences, provides his or her best judgment on the matters before the Board, and he or she does so without representing any particular point of view and in a manner that is free from conflict of interest. Board members who are not full-time or permanent part-time Federal officers or employees, shall be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as special government employee (SGE) members. Those who are full-time or permanent part-time Federal officers or employees shall be appointed pursuant to 41 C.F.R. § 102-3.130(a) to serve as regular government employee (RGE) members. The DoD, unless otherwise required by statute or Presidential directive, does not use representative members on DoD established or supported advisory committees.

Membership will be fairly balanced in terms of points of view represented and the functions to be performed by the Board. The Board's membership balance is not static and the Secretary of Defense or the Deputy Secretary of Defense may change the membership based upon work assigned to the



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Board by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R), as the DoD Sponsor.

4. Other Balance Factors: None.
5. Candidate Identification Process: The DoD, in selecting potential candidates for the Board, reviews the experience and professional credentials of individuals with extensive professional experience in the areas of health care research/academia, infectious disease, occupational/environmental health, public health, health care policy, trauma medicine/systems, clinical health care, strategic decision making, bioethics or ethics, beneficiary representative, neuroscience, and behavioral health. Potential candidates are identified through nomination by current Board members and the professional staff of the Office of the Secretary of Defense, and other professionals within the DoD in consultation with Office of General Counsel of the Department of Defense (OGC DoD) and the Office of the Special Assistant to the Secretary of Defense for White House Liaison.

Once potential candidates are identified, the Designated Federal Office (DFO), in consultation with the Board's staff, reviews the credentials of each individual and narrows the list of potential candidates before forwarding the list to the USD(P&R) for review. During his or her review, the USD(P&R) strives to achieve a balance between the professional credentials of the individuals and the near-term subject matters that will be reviewed by the Board to achieve expertise in points of view regarding anticipated topics.

Once the USD(P&R) has narrowed the list of candidates and before formal nomination to the Secretary of Defense, the list of potential candidates undergoes a review by the OGC DoD and the Office of the Advisory Committee Management Officer (ACMO) to ensure compliance with federal and DoD governance requirements, including compliance with the Board's charter and membership balance plan. Following this review, the USD(P&R) discusses the potential candidates with the Secretary of Defense or the Deputy Secretary of Defense and requests authorization to proceed with the nominations. Pursuant to DoD policy, only the Secretary of Defense and the Deputy Secretary of Defense can authorize the appointment of individuals to serve on DoD established or supported advisory committees.

Following the Secretary of Defense or the Deputy Secretary of Defense authorization and the USD(P&R)'s subsequent administrative certification, the candidates are required to complete the necessary appointment paperwork, to include meeting ethics requirements stipulated by the Office of Government Ethics for advisory committee members. Consistent with Deputy Secretary of Defense policy and the authority delegated to the ACMO by the Assistant Deputy Chief Management Officer, the ACMO is authorized to administratively certify the annual renewal of appointment of Board members previously appointed in accordance with DoD policies and procedures. Consistent with authority delegated to DoD Sponsors, the USD(P&R) will appoint the Board's leadership from among the membership previously approved in accordance with DoD policies and procedures and, in doing so, will determine the leader's term of service, which will not exceed the member's approved term of service.

All Board appointments are for a one-to-four-year term of service, with annual renewals. No member, unless authorized by the Secretary of Defense or the Deputy Secretary of Defense, may serve more



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than two consecutive terms of service on the Board, including its subcommittees, or serve on more than two DoD Federal advisory committees at one time.

Membership vacancies for the Board and any subcommittees will be filled in the same manner as described in the previous five paragraphs.

6. Subcommittee Balance: The DoD, when necessary and consistent with the Board's mission and DoD policies and procedures, may establish subcommittees, task forces, or working groups to support the Board.

Individuals considered for appointment to any subcommittee of the Board may come from the Board itself or from new nominees, as recommended by the USD(P&R) and based upon the subject matters under consideration. Pursuant to Secretary of Defense policy, the USD(P&R) is authorized to administratively certify the appointment of subcommittee members if the Secretary of Defense or the Deputy Secretary of Defense has previously authorized the individual's appointment to the Board or another DoD advisory committee. If this prior authorization has not occurred, then the individual's subcommittee appointment must first be authorized by the Secretary of Defense or the Deputy Secretary of Defense and subsequently administratively certified by the USD(P&R).

Subcommittee members will be appointed for a term of service of one-to-four years, subject to annual renewals; however, no member shall serve more than two consecutive terms of service on the subcommittee. Subcommittee members, if not full-time or permanent part-time Federal officers or employees, will be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as SGE members. Subcommittee members who are full-time or permanent part-time Federal officers or employees will be appointed pursuant to 41 C.F.R. § 102-3.130(a) to serve as RGE members.

The Department has approved the following permanent Subcommittees to the Board:

- a. Health Care Delivery Subcommittee: This subcommittee is composed of not more than nine members, who are eminent authorities in at least one of the following disciplines: health care research/academia, strategic decision making, health care policy and clinical health care.
- b. Medical Ethics Subcommittee: This subcommittee is composed of not more than five members, who are eminent authorities in at least one of the following disciplines: strategic decision making, clinical health care, and bioethics or ethics. One member must have formal bioethics or medical ethics training or expertise.
- c. Neurological/Behavioral Health Subcommittee: This subcommittee is composed of not more than 10 members, who are eminent authorities in the discipline of neuroscience and behavioral health.
- d. Public Health Subcommittee: This subcommittee is composed of not more than 10 members, who are eminent authorities in at least one of the following disciplines: infectious disease, occupational/environmental health, and public health.

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- e. Trauma and Injury Subcommittee: This subcommittee is composed of not more than 10 members, who are eminent authorities in the disciplines of trauma medicine and systems.
- 7. Other: As nominees are considered for appointment to the Board, the DoD adheres to the Office of Management and Budget's Revised Guidance on Appointment of Lobbyists to Federal Committees, Boards, and Commissions (79 F.R. 27482; August 13, 2014) and the rules and regulations issued by the Office of Government Ethics.
- 8. Date Prepared/Updated: